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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S40893 1. Corporation Name

GEMINI IMPRINT CORPORATION

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Principal Plac	e of Business	Mailing	Address			•	1 1231(3(2 1)) 0(0)) 33(In chila inime (inc))(B)\$1) \$181(185)
220 13TH STREET, S.W. 1070 2ND ST, SW UNIT 28/29 LARGO FL 34640							DO NOT WRITE IN THIS SPACE			
US	·						3. Date incorporated or 0			
			•				03/25/1991	. •		
2. Principal P	Place of Business	2a. Mail	ling Address				4. FEI Number			Applied For
21	· · · · · · · · · · · · · · · · · · ·	26	<u> </u>	<u> </u>			59-3056378	* <u></u>		Not Applicable
Suite, Apt.	#, etc.	Suite 27	te, Apt. #, etc.				5. Certificate of Status De	esired 🗆		Additional Required
City & Stat	te		/ & State			<u></u>	6. Election Campaign Fir	nancing		O May Be
23		28					Trust Fund Contribution	- 1		d to Fees
Zip	Country	Zip		Count	try		8. This corporation owes	the current yea	ar Intangible	
24	25	29		30			Personal Property Tax			□No
	9. Name and Address	of Current Registered	d Agent				10. Name and Address of	of New Registe	ered Agent	
	ا يېلىكى ئ مەسىدا ئامىدا			8	81	Name				,
HAN 1070	INON, JAMES E. D 2ND ST. SW			8	32	Street Addre	ess (P.O. Box Number is Not	Acceptable)		
LAR	GO FL 34640			8	33			William Control		
	•			8	34	City	*** TAR \$500 200	# K & PR 1.	FL B5 Zi	p Code
office or r	to the provisions of Sections	the State of Florida. Su	uch change was a	authorized t	by th	named corpo ne corporatio	oration submits this statement on's board of directors. I here	by accept the a	appointment as	registered
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CITY-ST-ZIP .. 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:



FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90004 023 ***150.00